



U.S. Army TSGLI—Helping Heroes in Times of Need

Frequently Asked Questions

About TSGLI

- **What is TSGLI?**

Traumatic Servicemembers' Group Life Insurance (TSGLI) was established by Congress to provide relief to Soldiers and their families after suffering a traumatic injury. TSGLI provides payments of up to \$100,000 per traumatic event to severely injured Soldiers who meet the qualifications set forth by Regulation. TSGLI is an insurance benefit attached to Servicemembers' Group Life Insurance (SGLI) coverage and provides payments to members who suffer a qualifying loss due to a traumatic injury. TSGLI is available to Soldiers from all components—Active, Reserve, or National Guard.

TSGLI is focused on Soldiers who incur a traumatic injury while serving their country—on or off the battlefield. The coverage began on December 1, 2005, and all Soldiers from that point forward who elected SGLI coverage pay an additional \$1 for TSGLI coverage. In addition, Soldiers who incurred qualifying traumatic injuries from 7 October 2001 through 30 November 2005 while supporting Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) or under orders in a Combat Zone Tax Exclusion (CZTE) area are covered retroactively by TSGLI, regardless of whether they were covered by SGLI at the time of their injury.

- **How does TSGLI benefit Soldiers?**

TSGLI provides valuable support to qualifying Soldiers and their families, giving them financial assistance to help them through their recovery from a traumatic loss. The TSGLI benefit is a one-time, lump-sum, tax-free payment per traumatic event and is not intended to serve as income replacement. Receiving this benefit will not affect VA disability compensation determinations. Only Combat-Related Injury Rehabilitation Pay (CIP) is affected by a TSGLI claim—if you receive TSGLI, you cannot receive CIP.

- **As a Soldier, how do I determine whether I have TSGLI coverage?**

As of 1 December, 2005, TSGLI is included as part of a Soldier's SGLI coverage. Any Soldier who elected SGLI coverage automatically receives TSGLI coverage with an additional \$1 taken out each month to cover the cost of the TSGLI policy. Soldiers paying for SGLI coverage cannot decline TSGLI—it is a package. In addition, there is a retroactive component of the program, in which Soldiers who incurred a qualifying traumatic injury from 7 October 2001 through 30 November 2005, while supporting

OIF and OEF or under orders in a Combat Zone Tax Exclusion (CZTE) area are covered regardless of whether they elected SGLI coverage or not.

▪ **How can money received through TSGLI be spent?**

TSGLI money received by qualifying Soldiers can be spent at the Soldier's discretion. Typical uses may include defraying the cost of having the Soldier's family with him/her during recovery, helping to meet other unexpected expenses resulting from the Soldier's traumatic loss; or assisting Soldiers in getting a financial head start on life after recovery. In order to maximize the benefit, there is financial counseling available by calling 1-800-428-3416 or e-mailing fcs@financialpoint.com.

Eligibility Information

▪ **Who is covered under TSGLI?**

There are two groups of Soldiers covered under TSGLI:

- Soldiers who incurred a qualifying traumatic injury from 7 October 2001 through 30 November 2005 while under orders supporting OEF and OIF or deployed to a Combat Zone Tax Exclusion (CZTE) area.
- Soldiers who elect SGLI coverage and incur a qualifying traumatic injury after 1 December 2005, regardless of their component (Active, Reserve or National Guard) or the location in which they incurred the injury. There are some specific circumstances under which a traumatic injury will not be covered by TSGLI. See below for examples.

▪ **When did the injury have to occur in order to be covered?**

- All qualifying losses that are a result of a traumatic injury must occur within 365 days of a traumatic event. *(Note: There is a pending change in regulations that will increase this window from 365 days to 730 days. When it is officially adopted, this document will be updated.)*
- To be eligible for the retroactive benefit, the event must have occurred during the time period 7 October 2001 through 30 November 2005.

▪ **What types of injuries are covered?**

- A Qualifying Traumatic Injury is an injury or loss caused by application of **external** force or violence (a traumatic event) OR a condition whose cause can be directly linked to a traumatic event.
- Traumatic injuries covered may include, but are not limited to the following:
 - Total and permanent loss of sight in one or both eyes;
 - Loss of hand or foot by severance at or above the wrist or ankle;
 - Total and permanent loss of hearing in one or both ears;
 - Loss of speech;
 - Loss of thumb and index finger of the same hand by severance at or above the metacarpophalangeal joints;
 - Quadriplegia, paraplegia or hemiplegia;
 - 3rd degree or worse burns covering 30 percent of the body or 30 percent of the face;

- Coma or traumatic brain injury;
 - Other traumatic injuries resulting in the inability to carry out two (2) of the six (6) Activities of Daily Living (ADL). See part B of the application for specifics on ADLs.
- **What are some examples of circumstances under which a traumatic injury would *not* be covered under TSGLI?**
- *For retroactive only:* Any injury that did not occur from 7 October 2001 through 30 November 2005 or any injury not incurred while under orders in a Combat Zone Tax Exclusion (CZTE) area.
 - An injury incurred while attempting suicide, whether the Soldier is sane or insane.
 - Intentionally self-inflicted injury or any attempt to inflict such injury.
 - An injury received due to Medical or surgical treatment of an illness whether the loss results directly or indirectly from that treatment.
 - An injury received while under the influence of an illegal or controlled substance unless administered or consumed on the advice of a doctor.
 - While committing or attempting to commit a felony.
- **What do quadriplegia, paraplegia, and hemiplegia mean?**
- Quadriplegia: Paralysis of all four limbs.
 - Paraplegia: Complete paralysis of the lower half of the body including both legs, usually caused by damage to the spinal cord.
 - Hemiplegia: Paralysis affecting only one side of the body.

Claim Process

Step 1: Obtain a TSGLI claim form by going to www.tsqli.army.mil; e-mailing TSGLI@conus.army.mil, or by calling 1-800-237-1336.

Step 2: Complete Part A of the TSGLI Claim Form in its entirety. Sign and date **both pages** of Part A. Be as thorough as possible and provide as much background material as possible, including documentation of how you received your injury.

Step 3: Have a healthcare provider complete part B of the TSGLI Claim Form. Part B **must** accompany the claim and **can only be completed by a healthcare provider**. This part should provide details of the injuries that may qualify the Soldier for the TSGLI benefit.

Step 4: Be sure to be thorough and provide background documentation on your injuries including how you received them. Remember, the more documentation you provide that qualifies your injury, the more likely your claim will be processed quickly and accurately. For more information on which documents are most helpful, see “*What additional documentation should I include with my claim form?*” below.

Step 5: The claim form can be submitted one of three ways—fax 1-866-275-0684; e-mail TSGLI@conus.army.mil; or send via Postal Delivery to Department of the Army Traumatic SGLI (TSGLI), 200 Stovall Street, Alexandria, VA 22332.

▪ **How long does it take to review and process the claim?**

If you included an e-mail address with your claim, you should receive an e-mail acknowledgement when the form is received. From that point, the Army works to process claims as quickly as possible. **Currently, the average processing and adjudication time for a claim is 12 calendar days.** Some may be processed sooner; however incomplete forms and missing medical documentation can cause processing to take longer. Therefore it is important for you to ensure that all forms are completed and all appropriate medical documentation is included.

If your decision is favorable, it takes **approximately 14 calendar days** from the time the review is complete for the Office of Servicemembers' Group Life Insurance (OSGLI) to process your payment. You will be notified via Postal Delivery regarding the decision on the claim when the review is complete. In some instances, *you may receive your funds before your decision letter arrives*. If that happens, please wait for your approval letter to arrive and review its contents before contacting TSGLI with any additional questions.

If your decision is not favorable, it will take **approximately 14 calendar days** from the time the review is complete for OSGLI to send you a letter via postal delivery with the decision. Please wait for the decision letter to arrive, and review its contents before contacting TSGLI with any additional questions.

▪ **What additional documentation should I include with my claim?**

A completed Physician's Statement (Part B of the TSGLI claim form) must accompany the TSGLI claim and provide details of the injuries that qualify the Soldier for the TSGLI benefit. This information must be completed by a healthcare provider.

Additional documentation can assist us and your healthcare provider in completing your claim. If applicable and you have the following documentation, please provide it with the submission of this claim.

- Occupational/Physical Therapy Report (ADL Documentation)
- Neurological Reports (TBI/ADL Documentation)
- OR Report (amputation)
- Hearing Test Results (for hearing loss)
- Eye Test Results (for sight loss)
- Speech Test Results (for speech loss)
- Patient Discharge Summaries
- Medical Summary and/or History
- Patient Movement Request
- Radiographic Reports (X-Ray, MRI, Ultrasound, etc.)
- Accident Report
- Line of Duty (LOD)
- Medical/Physical Evaluation Board (MEB/PEB)
- Other diagnostic test results (e.g., lab reports, etc.)
- Other pertinent documents demonstrating injury type and duration of ADL loss

If none of the above documents are available, provide Proof of Date and Location of Injury. Remember, the more documentation you provide that qualifies your injury, the more likely your claim will be processed quickly and accurately.

- **If I feel my claim has been wrongly denied, is there any recourse?**

Yes, if you feel your claim has been wrongly denied, you may gather additional supporting documentation and apply for reconsideration. If your claim is still denied, you can supply additional documentation and appeal your claim to the U.S. Army TSGLI Appeals Board. Your third level of recourse is to apply to the U.S. Army Review Board Agency.

- **If I have multiple traumatic injuries, can I make multiple TSGLI claims?**

You can only file one TSGLI claim per traumatic event, regardless of the number of traumatic injuries incurred in a given event (an event=seven days). If you receive multiple traumatic injuries from the same event, you should file only one TSGLI claim, but it should include information on all traumatic injuries received as a result of that one event. If your claim is approved, you will receive one payment, based on the most severe injury you incurred.

If you have been involved in more than one event where you received a traumatic injury(ies), you should complete a claim form for each event, and may receive payment for each approved claim from each event. Multiple traumatic events must be at least seven days apart to qualify for separate consideration; however you can file claims for multiple events at the same time.

Payment Information

- **How is the award amount determined?**

If your claim is approved, the amount awarded is determined using pre-approved criteria established by Congress and the Department of Defense.

- **How will payments be transmitted?**

Servicemembers recipients will be paid via Electronic Funds Transfer (EFT). Payment may also be made to an interest bearing Prudential Alliance Account from which the servicemember will be able to withdraw funds.

Guardians or Attorneys-in-Fact cannot receive an EFT and will receive payment either to the Prudential Alliance Account, or via check.

- **How long does it take to receive payment?**

If your decision is favorable, it takes **approximately 14 calendar days** from the time the review is complete for OSGLI to process your payment. In some instances, you may receive your funds before your decision letter arrives. If that happens, please wait for your approval letter to arrive and review its contents before contacting TSGLI with any additional questions.

- **Can I receive multiple payments on separate losses?**

If a member incurs more than one traumatic injury from the same traumatic event, payment will be made for the injury with the highest benefit amount. Payment for multiple traumatic injuries from a single event cannot exceed \$100,000.

However, if a Soldier incurs traumatic injuries from two or more separate traumatic events occurring at least seven days apart, multiple payments that total more than \$100,000 may be made, although no single payment will exceed \$100,000.

▪ **Are TSGLI payments one-time only?**

Yes, this is a one-time payment per traumatic event. The TSGLI benefit is not meant to be an income replacement—it is meant to give Soldiers and their families financial relief to help get through the immediate aftermath of the injury. The only instance in which there would be more than one TSGLI payment is if there are separate traumatic events occurring outside the seven-day time period.

▪ **Will the money always be paid to the Soldier?**

Yes, unless the Soldier is declared legally incompetent. In that case, the Soldier's guardian or attorney will receive payments under a durable power of attorney.

▪ **Are family members eligible to receive payments?**

Family members with an appropriate power of attorney or letter of guardianship may apply for TSGLI benefits on behalf of a Soldier. Family members of a deceased Service member who survived for seven days after incurring a traumatic injury and qualifying loss may also apply for TSGLI benefits.

If a Service member applies for TSGLI, is approved and subsequently dies prior to payment of the benefit, beneficiaries would receive the money.

Healthcare Providers

▪ **Which healthcare providers can give primary certifying statements?**

Your primary certifying statement does not necessarily have to be from a physician, although many of them are. The following qualified licensed healthcare providers can give primary certifying statements:

- Physicians
- Physician Assistants
- Nurse Practitioners
- Registered Nurses

In addition, the following collaborating healthcare providers can give supporting statements when appropriate:

- Registered Dietitians
- Optometrists
- Audiologists
- Speech/Language Pathologists
- Occupational/Physical Therapists
- Dentists
- Other licensed healthcare provider within his/her scope of practice

▪ **What documents should I take to my healthcare provider to insure certification of my traumatic loss?**

If your current healthcare provider is not very familiar with your medical history, please take official documentation that explains the cause of your traumatic loss and its affect on your activities of daily living

Additional documentation can assist us and your healthcare provider in completing your claim. If applicable and you have the following documentation, please provide it with the submission of this claim.

- Occupational/Physical Therapy Report (ADL Documentation)
- Neurological Reports (TBI/ADL Documentation)
- OR Report (amputation)
- Hearing Test Results (for hearing loss)
- Eye Test Results (for sight loss)
- Speech Test Results (for speech loss)
- Patient Discharge Summaries
- Medical Summary and/or History
- Patient Movement Request
- Radiographic Reports (X-Ray, MRI, Ultrasound, etc.)
- Accident Report
- Line of Duty (LOD)
- Medical/Physical Evaluation Board (MEB/PEB)
- Other diagnostic test results (e.g., lab reports, etc.)
- Other pertinent documents demonstrating injury type and duration of ADL loss

If none of the above documents are available, provide Proof of Date and Location of Injury. Remember, the more documentation you provide that qualifies your injury, the more likely your claim will be processed quickly and accurately.

▪ **What are the activities of daily living (ADLs)?**

TSGLI claims may be filed for loss of Activities of Daily Living (ADL) if the claimant is completely dependent on someone else to perform two (2) of the following (6) activities for 30 days or more (15 days or more in the case of Traumatic Brain Injuries).

- Eating—completely dependent on another person or a feeding tube to receive nourishment
- Bathing—completely dependent on another person to bathe (can't bathe independently)
- Dressing—completely dependent on another person to get dressed (e.g., to put on shoes and socks)
- Toileting—completely dependent on another person, or unable to relieve bladder/bowel, or perform associated hygiene
- Transferring—completely dependent on another person to get in and out of bed or chair
- Continence—completely dependent on another person or unable to Manage and control bowel and bladder function

For ADL loss to be covered, the following conditions must be met:

- ADL loss from Other Traumatic Injuries (OTI) must be for at least 30 days
- ADL loss from Traumatic Brain Injury (TBI) must be for at least 15 days
- Soldier must be completely dependent on another person for completion of at least two of six ADL's
- "Complete dependence" can be related to physical deficits (e.g. physical injury impedes physical ability to perform ADL's)
- In the case of TBI's, a mental deficit may impede the physical ability to perform ADL's (e.g., significant memory loss may require someone to remind Soldier to complete ADL's)
- ADL loss must be certified by a healthcare provider (Claim Form Part B)
- ADL loss must be substantiated by appropriate documentation (see above for documents that may be submitted)
 - Documentation must specify TNT (Type and Time)
 - Type: Type of Injury that has impeded ADLs
 - Time: Time duration of complete dependence (i.e., number of days)
 - OT/PT reports, discharge summaries and other medical documentation can be used to substantiate ADL loss
- ADL losses due to OTI's are not additive when combined with another loss (e.g., amputation)—the higher payment amount of the two losses is used
- ADL loss due to TBI's are additive

Claims for ADL loss are complicated and require substantiation by a healthcare provider, as well as documentation. Please refer to Part B of the TSGLI Claim Form for additional details. In addition, you can call the TSGLI Call Center at 1-800-237-1336 and the agent can answer your questions.